



## PART B - FEE(S) TRANSMITTAL

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23639 7590 05/24/2004

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|                       |                    |
|-----------------------|--------------------|
| Carolyn Tobias        | (Depositor's name) |
| <i>Carolyn Tobias</i> | (Signature)        |
| July 28, 2004         | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/854,329      | 05/11/2001  | Miriam H. Taimisto   | 259/157             | 7657             |

TITLE OF INVENTION: APPARATUS FOR IMPROVED SENSOR ACCURACY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$300           | \$1630           | 08/24/2004 |

| EXAMINER   | ART UNIT | CLASS-SUBCLASS |
|------------|----------|----------------|
| JAIN, RUBY | 3737     | 600-424000     |

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bingham McCutchen LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Scimed Life Systems, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 1☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2518 (enclose an extra copy of this form).

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(Date)

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| 03 FC:8001 | 3.00 DA    |

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